



Division of Police

Fletcher D. Berger
Mayor/Safety Director

Michael Marotta
Chief of Police

CONSENT FOR RELEASE OF INFORMATION AUTHORIZATION

To be signed by both the minor (14-17) and the parent/legal guardian

Applicant's Name: _____

Address: _____

My child, the above listed applicant, has applied for employment with the City of Bedford Heights. I acknowledge that I am fully aware that a representative of the Bedford Heights Police Department may conduct a thorough investigation of my child's background to assist in determining their suitability for employment. I realize that, in conducting this background investigation, the Bedford Heights Police Department will be making inquiries of, but not limited to, officials and record offices of schools that my child has attended; police or courts with whom my child may have a conviction record and/or financial standing; present and previous employers; and any other person(s) who may be able to provide information about my child that the City of Bedford Heights desires.

I further understand and am aware that my child may be required to submit to fingerprinting at the Bedford Heights Police Department and that a copy or computer-generated copy of my child's fingerprints will be sent to the Ohio Bureau of Criminal Identification and Investigation to determine the existence of any criminal conviction record(s).

As the parent/legal guardian of the above listed applicant, I hereby give permission and waive all provisions of law forbidding any school, court, police agency, credit bureau, employer, firm or person from disclosing any knowledge or information they have concerning my child, which is requested or desired by the City of Bedford Heights or the Bedford Heights Police Department.

As the parent/legal guardian of the above listed applicant, I recognize the right of the City of Bedford Heights and the Bedford Heights Police Department to treat, at its discretion, certain sources as confidential and their rights to withhold from me, my child or my agent the names of such confidential sources and information obtained there from.

I hereby declare that I am the parent/legal guardian of the above listed applicant and that I authorize the City of Bedford Heights and the Bedford Heights Police Department to evaluate my child's suitability for employment with the City of Bedford Heights through the means and practices indicated above.

Signature of Applicant

Printed name of parent/legal guardian

Signature of parent/legal guardian

Date: _____